

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 209

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosemary puhara } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug. 14, 1925  
Month day year

8. FATHER  
Full name pete puhara  
9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state  
10. Color or race Austrian  
11. Age at last birthday 45 (Years)

14. MOTHER  
Full maiden name Emma Rodriguez  
15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state  
16. Color or race Mexican  
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Austria  
(State or country)  
13. Occupation Proprietor Soft drink stand  
Nature of industry

18. Birthplace (city or place) Colorado  
(State or country)  
19. Occupation \_\_\_\_\_  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living three  
(b) Born alive but now dead one  
(c) Stillborn none

21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:40 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report  
Signature T. C. Harper, M. D.  
Address Globe, Ariz.  
Month, day, year. \_\_\_\_\_ Filed 8/31, 1925 Local Registrar. \_\_\_\_\_

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

971-814-599